Special Housing Requests

Marquette University requires all unmarried first- and second-year students, regardless of their academic classification to live in university residence halls. The Office of Residence Life guarantees placement in on-campus housing to all new undergraduates. Exceptions are only made for students residing with a parent or legal guardian, students who are at least 21 years of age or those who have been out of high school for at least two years. **All housing placements are made at the discretion of the Office of Residence Life.**

Special requests for housing based on health, medical or mobility issues will be taken into account by the Office of Residence Life and based upon the type of request and the spaces available, ORL will do its best to meet the documented need for special housing for incoming students. In some cases, students may need to choose between their preferences for roommates or room type and the documented special request in order to for ORL to make the best housing placement possible. In some cases, students may be placed on a wait list for rooms that meet their need and preference, but in all cases, ORL will guarantee room placements for new students. In order to request special housing due to health, medical or mobility issues, please follow the procedure described below.

Special Housing Requests Procedure

- Complete the *Special Housing Request* form, which is located below.
- Attach to the completed *Special Housing Request* form to your physician’s verification of your need for consideration for special housing (verification must come from a licensed professional and describe how the medical or other issue necessitates consideration for special housing).
- Submit, by May 31st, the medical verification and *Special Housing Request* form to:

  Marquette University  
  Special Housing Requests  
  PO Box 1881, MH 05,  
  Milwaukee, WI 53201-1881

Upon receipt of this information, the Office of Residence Life will determine what arrangements would be appropriate to meet the student's needs based on availability, and if necessary, will work to provide reasonable alternatives if the student's specific request cannot be met. For example, students with a medical need for air conditioning who are not assigned to a hall with central air, may be given permission to install a specified standalone air conditioner in their residence hall room.

Submission of the *Special Housing Request* form and supporting documentation DOES NOT guarantee a specific request will be granted, but rather, will assist in evaluating potential special arrangements.

**Disability Services and Housing Placements:** Students are not required to register with the disability services office in order to request special housing consideration. However, if students would like to seek services for their disability, please go to [http://www.marquette.edu/disability-services/index.shtml](http://www.marquette.edu/disability-services/index.shtml)

**Questions?** If you have any questions about the housing placement process, please contact Sean Berthold at sean.berthold@marquette.edu or visit [http://www.marquette.edu/orl/res/admitted/](http://www.marquette.edu/orl/res/admitted/)
Date: ______________________________

Last Name: ________________________  First Name: ________________________

Email: ____________________________  Phone No.: ________________________

Address: ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Describe the nature of your special housing need (including requested room type or building type):
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
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Please attach physician’s verification to this form and list below the name, phone number, and address of your physician.

Last Name: ________________________  First Name: ________________________

Phone No.: ________________________

Address: ________________________________________________________________
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